

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4271NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/28/2010
NAME OF PROVIDER OR SUPPLIER AUREUS NURSING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 955 SOUTH VIRGINIA STREET SUITE 111 RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Relicensure focused survey conducted in your facility on 06/17/10 and finalized on 6/28/10, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The location was an executive office suite with a receptionist at the entrance of the building. The receptionist stated that the office of the Nursing Pool was not occupied and she was not aware of anyone being at the office during normal office hours. (Monday through Friday, 8-9 AM through 5-6 PM) The receptionist stated that she has a contact phone number that is not local. She was not aware of any files that were kept in the office or any computer equipment that was in the office.</p>	P 000			
P 043	<p>449.7473 USE OF LICENSE</p> <p>1. Each license is separate and distinct and is issued to a specific person to operate a nursing pool at a specific location. A nursing pool must be operated and conducted under the name and within the area of service designated on the license. The name of the person who is designated as responsible for its conduct must appear on the face of the license.</p> <p>This Regulation is not met as evidenced by:</p>	P 043			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 043	<p>Continued From page 1</p> <p>Based on observation, documentation review and interview, the facility failed to operate a nursing pool facility at the location documented on the license by the Administrator documented on the license in accordance with Chapter 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.</p> <p>A site visit was conducted on 6/17/10 at 11:30 AM. The location was an executive office suite with a receptionist at the entrance of the building. The receptionist stated that the office of the Nursing Pool was not occupied and she was not aware of anyone being at the office during normal office hours. (Monday through Friday, 8-9 AM through 5-6 PM) The receptionist stated that she has a contact phone number that is not local. She was not aware of any files that were kept in the office or any computer equipment that was in the office.</p> <p>On 6/28/10, 12:30 PM, a call was made to the contact number provided by the building receptionist. An operator came on the line, she stated that there was no office location in Reno, there was only one location in Omaha, Nebraska. She was able to connect the call to a representative. During the phone interview, there was a discussion about the location of the Reno office. The representative confirmed that no one was located at the office. The survey process was explained to the representative and that a statement of deficiencies would be generated that would require a plan of correction from the agency before a follow-up survey could be conducted. In November of 2009, the agency main office in Nebraska had inquired about the need for offices in the northern and southern part of the State. At that time, they had provided</p>	P 043			

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P 043	Continued From page 2 information that they had been informed in February of 2005 that ".....our (the Bureau) expectation is that the Director would be "on site" to oversee the daily operations and not ALWAYS available by Internet or phone." At the time of the survey, the expectation of staff in the office was not being met. Scope: 3 Severity: 2	P 043			

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